

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

1911 UNITED

ADDRESS (number and street)

700 12TH STREET NW SUITE 700

☐ Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00508200

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sinclair Skinner

Signature of Treasurer

Sinclair Skinner

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

1911 UNITED

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 08 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y
 08 / 31 / 2012

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2012 | | 0.00 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 5105.30 | |
| (c) Total Receipts (from Line 19) | 8753.22 | 142340.03 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 13858.52 | 142340.03 |
| 7. Total Disbursements (from Line 31) | 5587.34 | 134068.85 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 8271.18 | 8271.18 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 69000.00 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

1911 UNITED

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 1 | | 2 | 0 | 1 | 2 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 3 | 1 | | 2 | 0 | 1 | 2 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 7000.00 | 90058.63 |
| (ii) Unitemized | 1753.22 | 25392.67 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 8753.22 | 115451.30 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 600.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 8753.22 | 116051.30 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 25000.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 1288.73 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 8753.22 | 142340.03 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 8753.22 | 142340.03 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 2786.14 | 65595.48 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 2786.14 | 65595.48 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 2801.20 | 64284.74 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 4188.63 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 4188.63 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 5587.34 | 134068.85 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 5587.34 | 134068.85 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 8753.22 | 116051.30 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 4188.63 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 8753.22 | 111862.67 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 2786.14 | 65595.48 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 1288.73 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 2786.14 | 64306.75 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

1911 UNITED

Full Name (Last, First, Middle Initial)

A. Rodney Adkins

Mailing Address 5959 Collins Avenue #1603

City State Zip Code
 Miami Beach FL 33140

FEC ID number of contributing
federal political committee.

C

Name of Employer

IBM Corp

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 28 / 2012

Transaction ID : SA11AI.5367

Amount of Each Receipt this Period

5000.00

Conduit: ActBlue

Full Name (Last, First, Middle Initial)

B. Clifford Franklin

Mailing Address 802 N. 1st Street

City State Zip Code
 St. Louis MO 63102

FEC ID number of contributing
federal political committee.

C

Name of Employer

FUSE

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2012

Transaction ID : SA11AI.5365

Amount of Each Receipt this Period

1000.00

Conduit: ActBlue

Full Name (Last, First, Middle Initial)

C. Herman Jones

Mailing Address 169 Chesapeake Street SW

City State Zip Code
 Washington DC 20032

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Boeing Company

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : SA11AI.5359

Amount of Each Receipt this Period

250.00

Conduit: ActBlue

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1911 UNITED

Full Name (Last, First, Middle Initial)

A. Marc McKayle

Mailing Address 3513 Flatwater Place

City

Laurel

State

MD

Zip Code

20724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Securities Exchange Commission

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : SA11AI.5361

Amount of Each Receipt this Period

250.00

Conduit: ActBlue

Full Name (Last, First, Middle Initial)

B. Balwinder Singh

Mailing Address 45 Q Street SW

City

Washington

State

DC

Zip Code

20024

FEC ID number of contributing
federal political committee.

C

Name of Employer

USA Motors Inc.

Occupation

Auto Service and Repair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2012

Transaction ID : SA11AI.5363

Amount of Each Receipt this Period

500.00

Conduit: ActBlue

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 21
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1911 UNITED

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
 CAMBRIDGE MA 02238

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2012

Transaction ID : SA11C.5333

Amount of Each Receipt this Period

8753.22

Total Received Through Conduit This Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

0.00

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

1911 UNITED

A. ActBlue Technical Services

Mailing Address 14 Arrow Street

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Cambridge | MA | 02138 |

| Purpose of Disbursement |
|-----------------------------|
| Credit Card Processing Fees |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



Three digital displays are shown, each with a row of small squares above the digits. The first display shows '08' with two squares above the '0' and two above the '8'. The second display shows '12' with one square above the '1' and one above the '2'. The third display shows '2012' with one square above each digit.

Transaction ID : SB21B.5332

Amount of Each Disbursement this Period

| Age Group | Percentage |
|-----------|------------|
| 18-24 | 1.98 |
| 25-34 | 1.98 |
| 35-44 | 1.98 |
| 45-54 | 1.98 |
| 55-64 | 1.98 |
| 65-74 | 1.98 |
| 75-84 | 1.98 |
| 85+ | 1.98 |

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 14 Arrow Street

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Cambridge | MA | 02138 |

| Purpose of Disbursement |
|-----------------------------|
| Credit Card Processing Fees |

Candidate Name


| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

Date of Disbursement



Transaction ID : SB21B.5334

Amount of Each Disbursement this Period

| Age Group | Percentage |
|-----------|------------|
| 18-24 | 4.55 |
| 25-34 | 10.26 |
| 35-44 | 10.26 |
| 45-54 | 10.26 |
| 55-64 | 10.26 |
| 65-74 | 10.26 |
| 75-84 | 10.26 |
| 85+ | 10.26 |

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 14 Arrow Street

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Cambridge | MA | 02138 |

| Purpose of Disbursement |
|-----------------------------|
| Credit Card Processing Fees |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5336

Amount of Each Disbursement this Period

119.09

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

125.62

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

1911 UNITED

A. ActBlue Technical Services

Mailing Address 14 Arrow Street

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Cambridge | MA | 02138 |

| Purpose of Disbursement |
|-----------------------------|
| Credit Card Processing Fees |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.5337

Amount of Each Disbursement this Period

220.20

Full Name (Last, First, Middle Initial)

B. Capri Service Inc.

Mailing Address 29508 Southfield Road #202

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Southfield | MI | 48076 |

Purpose of Disbursement Data Processing

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

Date of Disbursement

Transaction ID : SB21B.5325

Amount of Each Disbursement this Period

305.34

Full Name (Last, First, Middle Initial)

C. Drop Box

Mailing Address 185 Berry Street Suite 400

| City | State | Zip Code |
|---------------|-------|----------|
| San Francisco | CA | 94107 |

| Purpose of Disbursement |
|-------------------------|
| Internet Utility |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

Date of Disbursement

Transaction ID : SB21B.5331

Amount of Each Disbursement this Period

9.99

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

535.53

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

1911 UNITED

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '08' with two squares above it. The second display shows '21' with two squares above it. The third display shows '2012' with four squares above it. The displays are separated by slashes.

Category/
Type

19.99

State: District:

08 / 13 / 2012

Category/
Type

940.00

State: District:

Category/
Type

1000.00

State: District:

1959.99

2621.14

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 21

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4787

1911 UNITED

LOAN SOURCE Full Name (Last, First, Middle Initial)

Liberty Industries LLC

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 700 12th Street NW Suite 700

City Washington

State DC

ZIP Code 20005

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2012

Date Due

M M M / D D D / Y Y Y Y Y Y

On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : SC/10.4787

Sinclair Skinner is the sole individual member for Liberty Industries LLC.

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 14 OF 21

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4789

1911 UNITED

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sinclair Skinner

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 700 12th Street NW Suite 700

City Washington

State DC

ZIP Code 20005

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 18 / 2012

Date Due

M M / D D / Y Y Y Y

On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 15 OF 21

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5310

1911 UNITED

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sinclair Skinner

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 700 12th Street NW Suite 700

City Washington

State DC

ZIP Code 20005

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M M /
07D D D /
09Y Y Y Y Y Y
2012

Date Due

M M M /

D D D /

Y Y Y Y Y Y
On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

25000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 21

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
1911 UNITED

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sinclair SkinnerNature of Debt (Purpose):
Vehicle Rental

Mailing Address 700 12th Street NW Suite 700

City State Zip Code
Washington DC 20005

Outstanding Balance Beginning This Period

24000.00

Transaction ID : SD10.5174

Amount Incurred This Period

20000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

44000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

44000.00

2) **TOTALS** This Period (last page this line number only)..... ►

44000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

25000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

69000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 21
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) 1911 UNITED | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00508200 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | |

| | | | |
|---|--------------------|--|--|
| Full Name (Last, First, Middle Initial) of Payee Circle K | | Date 08 / 29 / 2012 | |
| Mailing Address 6925 E. Broadway Avenue | | Amount 160.00 | |
| City Tampa | State FL | | |
| Purpose of Expenditure Travel Expenses | | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 52145.14 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

Transaction ID : SE.5341

| | | | |
|---|--------------------|--|--|
| Full Name (Last, First, Middle Initial) of Payee Citgo TTA#30 | | Date 08 / 31 / 2012 | |
| Mailing Address 200 Beatty Drive | | Amount 285.29 | |
| City Belmont | State NC | | |
| Purpose of Expenditure Travel Expenses | | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 53866.82 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

Transaction ID : SE.5343

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 445.29 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

Signature

[Electronically Filed]

Date

09 / 18 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 21
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) 1911 UNITED | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00508200 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | |
|---|---------------|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee Enmark Pooler | | | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">08 / 30 / 2012</div> </div> | |
| Mailing Address Interstate 95 & Highway 21 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">244.41</div> | |
| City Savannah | State GA | Zip Code 31401 | | |
| Purpose of Expenditure Travel Expenses | Category/Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">53581.53</div> | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">Transaction ID : SE.5345</div> | |

| | | | | |
|---|---------------|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee Flying J | | | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">08 / 29 / 2012</div> </div> | |
| Mailing Address 11555 Sligh Avenue | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">150.00</div> | |
| City Seffner | State FL | Zip Code 33584 | | |
| Purpose of Expenditure Travel Expenses | Category/Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">52295.14</div> | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">Transaction ID : SE.5349</div> | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;">394.41</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

[Electronically Filed]

Signature

Date

MM / DD / YYYY

09 / 18 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 21
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) 1911 UNITED | | FEC IDENTIFICATION NUMBER ▼ C C00508200 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-------------|---|---|
| Full Name (Last, First, Middle Initial) of Payee Flying J | | Date MM / DD / YYYY 08 / 29 / 2012 | |
| Mailing Address 11555 Sligh Avenue | | Amount 150.00 | |
| City Seffner | State FL | Zip Code 33584 | Transaction ID : SE.5351 |
| Purpose of Expenditure Travel Expenses | | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------------|---|---|
| Full Name (Last, First, Middle Initial) of Payee Giant Foods | | Date MM / DD / YYYY 08 / 31 / 2012 | |
| Mailing Address 1345 Park Road NW | | Amount 226.60 | |
| City Washington | State DC | Zip Code 20010 | Transaction ID : SE.5352 |
| Purpose of Expenditure Travel Expenses | | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 376.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 18 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 21
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) 1911 UNITED | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00508200 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) of Payee Grove Printing | | Date 08 / 31 / 2012 |
| Mailing Address 4225 Howard Avenue | | Amount 192.92 |
| City Kensington | State MD | |
| Zip Code 20895 | Transaction ID : SE.5354 | |
| Purpose of Expenditure Printing | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 54286.34 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) of Payee Sign Parrot | | Date 08 / 27 / 2012 |
| Mailing Address 7933 E. Broadway Avenue | | Amount 500.00 |
| City Tampa | State FL | |
| Zip Code 33619 | Transaction ID : SE.5355 | |
| Purpose of Expenditure Vehicle Signage | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 51985.14 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 692.92 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

[Electronically Filed]

Signature

Date

09 / 18 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 21 OF 21
FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) 1911 UNITED | | FEC IDENTIFICATION NUMBER ▼ C C00508200 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|--------------------|---|---|
| Full Name (Last, First, Middle Initial) of Payee Sign Parrot | | Date MM / DD / YYYY 08 / 29 / 2012 | |
| Mailing Address 7933 E. Broadway Avenue | | Amount 744.91 | |
| City Tampa | State FL | Zip Code 33619 | Transaction ID : SE.5356 |
| Purpose of Expenditure Vehicle Signage | | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|--------------------|---|---|
| Full Name (Last, First, Middle Initial) of Payee Walmart Supercenter | | Date MM / DD / YYYY 08 / 29 / 2012 | |
| Mailing Address 1505 N. Dale Mabry Highway | | Amount 147.07 | |
| City Tampa | State FL | Zip Code 33607 | Transaction ID : SE.5357 |
| Purpose of Expenditure Travel Expenses | | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 891.98 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | 2801.20 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

[Electronically Filed]

Date

MM / DD / YYYY
09 / 18 / 2012

Signature